



Date: _____

Reading Eye Examination Referral Form

From: _____

Tel: _____

**To: Optometry Clinic,
School of Optometry, Room A034,
The Hong Kong Polytechnic University**

e-submission: <https://polyu.hk/wmHZd>

Tel: 2766 5225

Fax: 2362 5440



Patient name: _____

Gender: M / F

Age: _____

Your Ref: _____

Tel: _____

Reason of referral

Clinical findings

I would like to refer the above patient for the following assessment(s):

- Reading eye examination (Subsequent vision training: \$750 per session) HK \$1,200
- Primary care consultation and Reading eye examination HK \$1,800

* Reading eye examination includes binocular vision, visual spatial, oculomotor and reading ability assessments.

Subjective refraction:

	Sphere	Cylinder	Axis
RE			
LE			

Specific remarks: cycloplegic (cycloplegic agent: _____) /

non-cycloplegic / _____

(Optometrist/ Ophthalmologist)